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Five Windows and a Locked Door: University Accommodation Responses to Students with Anxiety Disorders

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Five Windows and a Locked Door: University Accommodation Responses to Students with Anxiety Disorders

Abstract

Increasing enrolments of post-secondary students with disabilities are resulting in accessibility services offices reaching capacity levels. This trend has created the 'perfect storm' in terms of meeting these students' needs. While collaboration between accessibility services staff and professors seems a logical solution to maximizing resource management and ameliorating this issue, additional tensions arise when issues of fairness, authority, and roles come into play. Using the constructionist model of disability as a lens, I analyzed the viewpoints of faculty members and accessibility services staff members in order to contribute to our understanding about these tensions as well as to make recommendations for their resolution.

Le nombre grandissant d'étudiants handicapés qui s'inscrivent au niveau post-secondaire a pour résultat que les bureaux offrant des services d'accessibilité atteignent les limites de leurs capacités. Cette tendance a créé une situation explosive pour ce qui est de répondre aux besoins de ces étudiants. Alors que la collaboration entre le personnel des services d'accessibilité et les professeurs semblerait être une solution logique pour maximiser la gestion des ressources et améliorer ce problème, des tensions supplémentaires surviennent quand des questions d'équité, d'autorité et de rôles entrent en jeu. En me servant du modèle constructionniste du handicap comme une loupe, j'ai analysé les points de vue des professeurs et des employés des services d'accessibilité afin de faciliter notre compréhension de ces tensions et pour faire des recommandations en vue de trouver une solution.

Keywords

accommodation, post-secondary, anxiety

Cover Page Footnote

I would like to express my sincere thanks to the students, staff members, and professors who trusted me to fairly represent their ideas and viewpoints. Additional gratitude goes to the University of Winnipeg for funding this research project.

In my position as a professor of education over the past 20 years, I have noticed a sharp and recent increase in the number of students requesting accommodation for anxiety disorders. The scholarly and popular presses suggest that my observations are not anomalies, and as an advocate for students, I have found myself struggling to determine how to fairly address the needs of all my students—those with anxiety disorders and those without. I sought to find out more through a qualitative research study involving students, professors, and accessibility service staff.

The question of the best way to address the needs of students with disabilities fairly is not new. Despite the legal requirement for universities to make reasonable accommodations for students with special needs up to the level of undue hardship (Government of Canada, 1985), interpreting the best and fairest way to do so is not clear. Tensions between disability advocates, students, professors, and the courts speak to these longstanding issues (Adams & Brown, 2002). Of particular concern are mental disabilities¹, such as anxiety disorders² (American Psychiatric Association/APA, 2013), as these sorts of disabilities are not as readily apparent as physical disabilities. And these tensions are multiplied as more and more students with anxiety disorders enroll in university courses (Association for University and College Counseling Centre Directors /AUCCCD, 2013, 2014). Indeed, anxiety disorders are now the most common reporting condition of students who register with accessibility services (AS) offices (AUCCCD, 2014).

To put the situation into context, the cost of mental disabilities to the Canadian economy has now surpassed 47 billion dollars *per year* in direct and indirect costs (Smetanin et al., 2011). Moreover, the accommodations needs of these students are growing at a time when university budgets are strained, resulting in most AS offices being unable to keep up with the demand, despite additional funding (AUCCCD, 2014). As such, AS staff members are calling on other stakeholders to help meet the learning needs of their students with disabilities. Specifically, professors and AS staff members are called upon to work together to find the best ways to meet their students' needs. Yet each of the stakeholders in this situation has a unique perspective on the issues and how to best address them, resulting in questions and tensions about developing effective procedures to address the learning needs of students with anxiety disorders.

The Role of the Professoriate

Concerns have been raised about the preparation of professors in meeting the needs of students with disabilities. Moreover, professorial concern regarding fairness contributes to some professors being unwilling to accommodate special learning needs.

Preparation. Research has shown that professors are key players in determining student success with students with disabilities (Scott & Gregg, 2000). Indeed, professors are ultimately charged with implementing decisions about the accommodations they will make for students with disabilities, yet 60% of them have had no training in how to do so (Leyser & Greenberger,

¹ According to Smetanin et al. (2011), a mental disability is “a diagnosable illness that significantly interferes with an individual’s thought processing abilities, social abilities, emotions and behaviour. There are many different types of illnesses under the broad category of mental illness” (p. 23).

² “Anxiety disorders involve a state of distressing chronic but fluctuating nervousness that is unsuitably severe for the person's circumstances. Having some anxiety is adaptive and can help people improve their functioning and help an individual be appropriately cautious in potentially dangerous situations. However, when anxiety occurs at inappropriate times, occurs frequently, or is so intense and long-lasting that it interferes with a person's normal activities, it is considered a disorder” (Smetanin et al., 2011, p. 28).

2008). Fully 40% revealed that they did not have the necessary skills and knowledge in order to make accommodations. Despite recognizing that they were unprepared to teach students with disabilities, fewer than half of professors were interested in learning more (Collins & Mowbray, 2005; Leyser & Greenberger, 2008).

Attitudes. The general professorial disinterest in learning more about teaching students with disabilities is a troubling finding, as faculty training is one of the main predictors of attitudes toward students with disabilities (Leyser & Greenberger, 2008), which in turn affects success for these students (Rao, 2004). While studies show that some professors hold positive attitudes about making accommodations for students with disabilities (Bruder & Magro-Wilson, 2010; Marquis et al., 2012), seven percent of professors view making the accommodations as time-consuming and inconvenient (Bruder & Magro-Wilson, 2010), and some administrators, professors, and staff members in a study by Marquis et al. (2012) believed that the benefits of accommodation did not outweigh the time and effort expended.

Fairness. Issues of fairness are paramount in discussions of accommodations. The study by Marquis et al. (2012), while not specific to student with anxiety disorders, found that students without disabilities, professors, and staff believed that accommodations were unfair to students without disabilities or suggested that colleagues outside the study held these perceptions. A study by Bruder & Magro-Wilson (2010) showed that 55% of professors believed that students with disabilities were treated fairly in the classroom, but almost half (40%) were not sure. However, when asked how the treatment of students with disabilities could be made fairer, only twelve percent of the professors could generate suggestions for action. Those who did make suggestions suggested only actions by AS. This observation suggests that many professors are unsure of their role in providing access to students with disabilities and that some professors look to AS to fulfill this role.

Another study extended our understanding of the professors' perceptions of fairness (Izzo, Hertzfeld, Simmons-Reed, & Aaron, 2001). These authors showed that professors strongly believed that medical documentation was required before accommodation could be provided, and they cited fairness to other students as the reason for this condition. Likewise, students in this same study and other studies (Sokal & Desjardins, in press) were concerned that their professors would not perceive their requests as legitimate and believed that providing medical documentation validated their claims for accommodations. Moreover, it is not only each stakeholder's perceptions that must be considered but also how each stakeholder perceives and frames the perceptions of the other stakeholders (Izzo et al., 2001). For example, a professor may perceive that an accommodation is fair based on his understanding of the documentation that was provided, however he may also be concerned that other students, who have no access to the documentation or reasons for the accommodation, may perceive the accommodation as unfair.

Theoretical Underpinnings

This study is grounded in the constructionist model of disability and social dominance theory. The constructionist model (Creswell, 2007) challenges medical views of disability, which hold that disability is a static state of defectiveness within the individual (Gilson & DePoy, 2002). Instead, the constructionist model views disability as a system constructed and maintained in response to the environment's inability or unwillingness to adapt to differences within the human condition (Hahn, 1994). Social dominance theory (Sidenius, Pratto, Laar, & Levin, 2004; Walls, 2005) posits that all societies construct social hierarchies based on social in-group and

out-group identities. In the context of disabilities, able-bodied people hold un-earned dominance over people with disabilities (Kattari, 2015). Zola (1989) captured the marrying of these two views and contended that such social constructions position disability within the person rather than the society that does not accommodate diversity, in effect creating a static situation of “impairment with the social, attitudinal, architectural, medical, economic, and political environment” (p. 401) where the dominant culture maintains its superordinate position.

Research Questions

Similar to a study by Marquis et al. (2012), this research was part of a larger study that included participants from the student, professorial, and AS populations. What differentiates the current study from the former study is my explicit focus on students with anxiety disorders, a limitation specifically cited in Marquis et al.’s study. The student findings are reported separately (Sokal & Desjardins, in press). The portion of the study discussed here encompassed interviews with professors and AS staff members. Marquis et al. (2012) lamented the under-representation of staff members’ perspectives in research about student experiences of disabilities. I therefore examined the perceptions of faculty members and AS staff members in regard with the following issues: (a) What are the attitudes, concerns, and practices of faculty members in regard to accommodating students’ needs specific to anxiety? (b) What barriers and supports impact stakeholders’ ability and willingness to work together to provide the best education for students with anxiety disorders? (c) Should accommodations for students with anxiety disorders be the default response to student learning needs, or are do other approaches serve them better? Together, these questions inform the ultimate focus: (d) How can we together meet the learning needs of our students with anxiety disorders?

Method

Participants

After gaining approval from the university’s Research Ethics Board, invitations were randomly sent to 20 professors from within all departments at my institution to ensure that varying perspectives specific to each discipline were represented. Only three of the twenty professors accepted the invitation to be interviewed. At my university, AS is a small department with five employees, including an office assistant, a director, and three advisors. The director and one advisor were invited and agreed to be interviewed.

Professor 1 (P1) was a full professor in the Faculty of Administrative Studies. She had worked in the student services department at another university before attaining her Ph.D. and was therefore knowledgeable about the AS processes and mandate. As a student, she had registered with AS for a physical disability, so she understood the perspectives of both student and professor.

Professor 2 (P2) was an assistant professor in the Department of Biology. He taught first year classes. He had limited experience with anxiety disorders.

Professor 3 (P3) taught Science pedagogy as a professor in the Faculty of Education’s Access program. He was an associate professor to students who were admitted to the program based on a history of disenfranchisement (poverty, war-affected status, immigrant status, Aboriginal status, etc.) despite having the ability to become successful students. His experiences

with anxiety disorders included having a university-aged daughter with a diagnosed anxiety disorder.

Two AS staff members were interviewed, including the director (AS1) and a staff member (AS2), who provided advising to students with disabilities. As expected, the Director had more extensive professional experiences in this capacity, although the advisor also had first-hand experience as a former student with physical disabilities within the same academic setting.

Design

Each participant was invited by email to take part in an individual interview lasting not more than 60 minutes. In order to maintain confidentiality and to maximize participant comfort, each of the five participants was interviewed individually in a private location (Mack, Woodson, MacQueen, Guest, & Namey, 2005). The interviews ranged in duration from 58 and 62 minutes (see the Appendix for the interview questions asked). At the end of the interview, participants were given a \$10 gift card as a token of appreciation.

Each case study was transcribed by a student research assistant who was trained in the expectations of confidentiality outlined in the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans³. The researcher used the constant comparative method (Strauss & Corbin, 1990) when analyzing the data. The researcher began by working with each transcript separately using open coding and then axial coding across transcripts (Strauss & Corbin) in order to generate themes. Additional analysis using selective coding (Strauss & Corbin) across interviews yielded the final themes. Participants were contacted and provided with the draft manuscript and asked to comment on whether they believed their thoughts and feelings had been adequately captured in the report. All participants responded to this request and agreed that their ideas were fairly represented.

Results and Discussion

The initial analysis of the data resulted in 11 overlapping themes. Each theme was informed differentially through the varying experiences, tensions, training, and worldview of the participants. Given the thematic overlap, selective coding resulted in three themes.

Theme 1: Perceptions of Fairness

Perceptions of fairness was a strong theme in the data collected from professors and AS staff members in the current study, yet it was represented differently than in the students' research data (Sokal & Desjardins, in press) and in the research literature (Izzo et al., 2001; Lovett, 2010). Students in our sister study (Sokal & Desjardins, in press) were very concerned that their documentation would validate to professors that their needs were real and therefore ensure that the requested accommodations would also be perceived as fair. In contrast, the professors in the research literature valued having medical documentation in that they felt

³ Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada, Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, December 2010. Retrieved from http://www.pre.ethics.gc.ca/pdf/eng/tcps2/TCPS_2_FINAL_Web.pdf

justified in making an accommodation that was supported by evidence, yet they still worried that other students who did not receive the accommodation would view it as unfair (Izzo et al., 2001).

Documentation continuum. In the current study, professors did not support the past research in terms of the necessity of documentation in all cases. In addition, while some professors had concerns about the perceptions of fairness of students who did not receive accommodations, concerns about fairness extended beyond this issue. I will address each perspective in turn.

In terms of documentation, both the professors and the AS staff members in the current study differentiated between accommodations they would be prepared to make with and without documentation. All of the professors described being comfortable with making some accommodations without documentation. For example, P1 said she had accommodated a student with performance anxiety who was not registered with AS. This student provided a letter to the professor from his doctor indicating that presentations were especially challenging. One of the indicator outcomes for successful course completion, however, was the ability to lead a class discussion. P1 stated,

So, I had the student do it in front of myself and one other grader—a teaching assistant (TA)—to, in effect, lead a class discussion demonstrating competencies with two people instead of thirty. It would still be a group setting, per se.

Likewise, P2 made accommodations without documentation. He said, “I can go a small distance without documentation. I can move a table. I can even give an extra five minutes on a test. However, large requests do need AS.” Similarity, P3 did not privilege documentation as the deciding factor in providing accommodation. He said, “Basically I use whether or not I believe them enough, and I err on the side of students, simply because what’s at stake isn’t like a whole lot. They tend to be reasonable requests.” However, P3 felt constrained by the university policies that he felt were there to protect the organization rather than the students. He remarked, “Those rules are in place for the system. They use language of protecting the individual but they are in place for the system. Ass-protecting shit.” He added,

I would like to see more freedom and more discretionary judgments and more humaneness. Let me put it this way, more paying attention to forming lives. But the system can’t handle that because we have lawyers who want to sue. All these system games that go on...I understand why the system wants hard lines.

Likewise, AS staff members offered accommodations on a continuum, with greater accommodations requiring greater documentation. AS staff members outlined their processes for intake and accommodation requests: Intake begins with a 30-minute meeting where students discuss their current academic progress and then work together with an advisor to develop a list of accommodations that the students would find helpful. AS1 said, “There are some students who just don’t know what they need to succeed, and they have trouble identifying what kind of supports would help them cope with their anxiety.” AS2 said, “So I pull out a list of accommodations and say, ‘I know you talked about these ones. How do you feel about these?’ And pick from the list as to what they think would help.” AS2 said that the two most common accommodations for students with anxiety are a quiet place to write exams and extended time on exams. She said, “Those two alone make a huge difference.” Next, the student must visit a health

professional (family doctor, psychiatrist, or psychologist) who must provide a letter of support for any accommodations the students will receive. Once documentation is received, the student is provided with a letter for her professors outlining the required accommodations.

Similar to the case with the professors, there were accommodations that could be provided by AS without documentation and others where documentation was required. AS1 said, “We would be able to set up a volunteer note taker but we wouldn’t be able to provide all accommodations, especially test and exam accommodations, without medical documentation to support their need.” Likewise, AS2 commented, “The only thing we could offer [without medical documentation] is a quiet place to write a test, and that’s really it.” Thus, participants in the current study did not believe that documentation was an essential component of fairness in all cases, but instead viewed its necessity on a continuum: as the level of accommodation became more exceptional, so did the necessity of documentation. This differentiation along a continuum supports views of ableism, one of the more widespread and unquestioned forms of discrimination in society (Kattari, 2015). Hahn (1994) posited that “doctrines [such as the requirement for medical documentation in order to obtain accommodation] ultimately serve to uphold the medical model of disability by construing it as a static trait” (p. 143) within the individual rather than the inability or unwillingness of society to adapt to those who are differently abled. Comments by P3 suggest that he disagreed with the socially constructed processes that perpetuated the medical view of disability, yet he was unwilling to challenge the system. The requirement for medical documentation, a doctrine that supported social dominance of the ableist viewpoint, was left unquestioned by the other participants.

Dimensions of fairness. Although the participants did not validate the consistent importance of documentation that past research has demonstrated (Izzo et. al., 2001), some of the professors did express concerns about the perceptions of students who were not receiving accommodations. For example, in reference to the student who presented to the TA and P1 instead of the entire class, P1 said, “I wanted to be sure that I didn’t have any criticism positive or negative towards the evaluation of that student based on the accommodation.” Similarly, P2 discussed avoiding perceptions of favouritism within a highly competitive discipline. He said,

For me to keep a professional distance—I think that’s really important, because a lot of these students are competitive in Science. I don’t know if you see it in other disciplines as much as in Science. Science is where students think they are going to be doctors and dentists. So, in those disciplines there’s perceived fairness and perceived unfairness, and if you become friends with students there is going to be all kinds of problems.

Furthermore, AS staff members indicated their awareness of both the professors’ concerns about students’ perceptions and the uncomfortable position of professors who have to maintain confidentiality when students who do not have disabilities question the accommodations. AS2 said,

I can totally understand where professors are coming from because they don’t want to appear to be playing favourites. The instructors would just sadly have to ride it out—you know, like the student does—because they feel uncomfortable themselves too.

In contrast to the perspectives of P1, P2, and AS, P3 showed little concern about others’ perceptions of the fairness of accommodations provided to a particular student. He said, “I tend

not to care about that, because life is unfair. Period. It depends on where you were born, who your parents are, the whole business. Life is unfair.” In framing the issue within the broader context beyond university, P3 was able to reconcile the tensions between various perceptions of fairness.

In addition to comments about perceived fairness by other students who were not receiving accommodations, fairness in other forms was a key consideration of some professors in the current study. P1 made multiple statements about ensuring her assessment practices were valid in ascertaining the specific student’s course-related skills and learning. Thus, P1’s attention to fairness focused on the fairness of the assessment procedures to the student in question in addition to perceptions of other students about the accommodation.

Interestingly, P2 commented on how failure to provide an accommodation to a student who needed it could not only create unfairness for that student, but could also create unfairness to other students in a testing situation. P2 said,

So, if a student has a breakdown, visibly upset, talking to himself, pounding on the desk, clearly frustrated [in a standard testing situation], as long as I go over there and talk to him it keeps it from getting worse. The students near him, if they see [his behaviour] and think I am not aware of the student—that would give them anxiety. That would stress them out, right? I’m more concerned with the students around him because it’s stressful to see someone upset.

Thus, all five participants in this study showed a concern for fairness and recognized that there were multiple perspectives to consider. Interestingly, documentation was not viewed as essential by the professors and AS staff members to the same degree that students viewed it as essential (Sokal & Desjardins, in press). Professors’ considerations of fairness included perceptions of the fairness of the accommodations by students who did not receive them, concerns that the assessment practices were fairly measuring learning in students with disabilities, and fairness to students without disabilities when they witnessed a breakdown during a testing situation. Interestingly, none of the discussions of fairness questioned the positioning of able-bodied individuals over others with disabilities in society in general or whether the processes at this specific university addressed the “unearned privilege” of the able bodied students over the students with disabilities (Kattari, 2015).

Theme 2: Roles, Adaptation, and Training

The practices of professors outlined in Theme 1 suggest that professors are already independent agents in making student accommodations and attempting to meet the needs of students with disabilities through a multi-pronged approach. The data show that professors provided some accommodations without documentation and without AS involvement. Additionally, AS2 informed me that professors sometimes refer students to AS, or accompany them to AS. At times, professors contact AS for advice on how to best address the needs of a particular student who has not disclosed a disability but has demonstrated specific needs in class. An awareness of these current, collective practices suggests that the call for interdependence between AS and professors (Krumrei, Newton, & Kim, 2010) may be misdirected, as it is already occurring. Data collected in the current research, however, suggests that although the stakeholders share a responsibility to students and for student learning, and additionally share

concerns about fairness, their roles and perspectives about the most appropriate and fair ways to meet student learning needs are sometimes in conflict.

Given the varying perspectives on fairness that arose in the interviews, it is not surprising that conflict was also a theme. Similar to the student interviews that highlighted student conflict with professors who were unwilling to provide accommodations (Sokal & Desjardins, in press), conflict between professors and AS was a theme in the current research. It should be strongly stressed that each of the professors had positive things to say about AS and their staff members' ability to work with high needs students within a limited budget. AS staff members agreed with the professors interviewed that conflict is rare and that most professors were willing to provide the requested accommodations. Two of the professors, however, had had negative experiences, and one professor avoided conflict by maintaining superficial compliance with the procedures expected of professors. Conflicts revolved around participants' expectations of the various roles and their authority, as well as the questioning of accommodation decisions being interpreted as challenges, eventually leading to conflict.

Role 1: AS as peripheral. P3 viewed AS as peripheral: “[AS is] just superficial—it’s back and forth, ‘we need a form’—that kind of thing.” Later in the interview, he made comments that suggested that the differentiation between students with disabilities and those without was a questionable social construct that made AS a necessary response.

The world has gone disorder mad. Because we all have disorders. So a disorder by definition is less than perfect, so really what it’s all about is how less than perfect you are. It’s a line. But the point here is that it’s a blurry one. But we’re trapped. We are stuck in our little world here by government regulations and university regulations. I wish we could get off this labeling game and realize everyone has a disorder or disorders in some way. We are all in the same boat.

Thus, in spite of the claim that P3 viewed AS as non-essential to his meeting the needs of students with anxiety disorders, it was clear that he had reflected on issues around disability at a more complex level, suggesting that he questioned the “doctrines” that preserve the deficit framing of disability (Hahn, 1994). Recall that P3 made comments that he understood AS needed to create rules and categories of ability in order to avoid lawsuits. P3, therefore, avoided conflict by engaging with AS at a superficial level while at the same time privately questioning some of the conceptual underpinnings of the concept of disability.

Role 2: AS as directive. Rather than bypassing AS like P3, P1 had an active conflict with them. Recall that P1 was the professor who had experiences working in AS in her past. In this particular case, the professor received a letter from AS prohibiting every assessment strategy used in her course. She noted, “The file specifically said that this is based only on discussion with a student and that there is no documentation in place.” P1 called AS and asked them to suggest ways she could assess the course outcomes, given the long list of prohibited assessment strategies. The response was, “Wow! We’ve got to say that people in Admin. Studies are not very open to providing accommodation.” P1 found this response very disheartening and unconstructive. She said, “I have fought for resources for AS, and I am probably one of the most open people in accommodating whatever, and now you’re telling me that I’m not being open to accommodations.” This situation was resolved in that P1 called the AS supervisor and determined that a new staff member had made an error in process. P1 felt, however, that “This [situation] created real interaction tension, one that exists to this day.” P1’s concerns are well

represented in the literature, in that some faculty members do have the necessary backgrounds to create accessible environments (Marquis et al., 2012), and “the balance between meaningful access for the student and academic integrity of the academic program is often difficult to maintain” (Collins & Mowbray, 2005, p. 311). It seemed that P1 was initially looking for specific information on how to best assess the student within all the constraints of the list provided from AS, a common professorial need found in the work of Collins and Mowbray. The resulting conflict was initiated by P1’s perception that her questions led to judgments by AS that she was unreceptive to making accommodations *per se*.

The experience of P1 with respect to conflict between stakeholders was very different from that of P2. P2 desired AS to be more directive, citing his own lack of training in this area, a common concern among faculty (Marquis et al., 2012). He said, “I am the wrong person to disclose to. I feel really uncomfortable making decisions that I’m not trained to do. I felt that, when I dealt with AS, they wanted me to make psychology decisions.” When asked how he would respond to a request from AS indicating that a student with an anxiety disorder substantiated by a letter from a psychiatrist was unable to write tests and would require an alternative assessment strategy, he responded, “That would be perfect for me.” In the case of P2, the professor was receptive to whatever accommodations AS suggested and did not actively question their validity or suitability. Brinckerhoff, Shaw, and McGuire (1992) suggested that it is within the role of AS to make decisions about appropriate accommodations and that these decisions “should not be open to faculty interpretation” (p. 422). P2 supported this interpretation of these professional roles, while P1 did not. Together, these observations suggest that the decision-making processes around student accommodations and the authority to make those decisions are both areas of conflict related to roles.

The nature of the conflicts cited by the professors when directed by AS raises two additional issues: The suitability of accommodations and the training of professors.

Role 3: Accommodation versus adaptation. In terms of the suitability of accommodations, P2 demonstrated some discordant perceptions. Although P2 felt he was not trained to make decisions about students with disabilities and sought specific directions from AS, he also questioned some of the decisions made by them. He said,

I even think that AS is not always doing the right things for the students. I feel like sometimes the default position is not necessarily the best advice for those students, and students quickly latch on to those services, and try to use them.

P2 described his concerns as related to an incident where a student approached him on a Monday to request a deferral for the exam scheduled that Friday:

[The student] had gone to AS, and they had advised her to approach me [to request the accommodation]. I asked her, ‘Why is AS giving up on you already? You’ve never even made an attempt. They have already conceded that you are going to fail.’ And I said, ‘Why don’t you start studying and don’t give up on yourself even if they have given up on you?’

He explained,

In this case, she's identified herself as an anxiety person, and she used AS, and I know this by her documentation. Maybe they shouldn't default to an empathetic position right away. In her case, she ended up writing the exam, and she aced it.

Like P2, P3 also suggested that adaptation rather than accommodation might better serve students. He said, "Stress is real, and stress will never go away, and you've got to learn to handle it."

In each case, professors accepted the medical model in terms of placing the disability within the individual rather than within the environment's non-adaptive response. However, in the case of anxiety disorders, there was a suggestion that the situation was not static (Zola, 1989), as adaptation was demanded from the individual rather than society. This observation opens up an interesting query. That is, in the case of anxiety disorders where the triggers are often situational, how is the medical model's framing of disability as static reconciled? Could this interaction between the individual and the specific environment provide a means to open a dialogue about the appropriateness of the medical model as a framework for understanding anxiety?

The conflict revealed in the interviewees' experiences related to several factors: (a) the role expectations of both AS staff members as well as professors as decision-makers in accommodation judgments; (b) the varying perspectives on the suitability of the decisions made. In all cases, however, the conflict arose within the framework of the medical model, suggesting that the social dominance of ableism is resilient to change and that existing structures perpetuate its maintenance.

Theme 3: Opening the Locked Door

While the three professors and two AS staff interviewed provided five unique "windows" through which to understand their roles and perspective as they relate to meeting the needs of students with anxiety disorders, our final theme relates to professors who would not agree to be interviewed, but were referred to by each of the participants. In essence, these referenced professors were like a locked door—I could see the door but I could not see what was behind it.

The locked door. Resistance to this project was encountered early in the research processes. Individualized email invitations sent to twenty randomly selected professors resulted in participation from only three. Subsequent email invitations were sent to professors mentioned in the initial three interviews as having strong views about accommodation. None accepted. Thus, my limited understanding of professors' viewpoints other than those of the three are derived from and limited by the perceptions of those who were willing to be interviewed.

"Them." Comments by the three professors and AS staff members tended to cast a negative light on professors who were reluctant to accommodate students with anxiety disorders. The AS staff members identified specific professors who supported the requested accommodations and those who challenged them. AS2 mentioned trends in working with specific professors:

If we have a student coming up to us saying they have an issue with an instructor, we look at the name and can often go ‘Okay, here we go.’ You know we are going to have a tough road ahead of us, and then other instructors are, ‘Oh, this will work out fine.’

P3 concurred that even in an access program, some professors were not supportive of accommodations. He said that these professors will not speak openly about their beliefs because, “It’s not socially acceptable to say you have negative thoughts about the latest flavor of the month.” But he had “heard people talking, by the way. Yes, even here.” When I asked him why they did not want to be interviewed, he said, “They are ashamed.”

P2 also commented on her experiences both as a former staff member in student services and as a professor. She said, “It’s quite shocking how many people do not want to accommodate. It’s too much work, more work for them [professors]. They would just rather not be bothered.” P2 further suggested that my current participant sample is affected by the reluctance of some professors to speak openly about their reservations about accommodations, saying “I think that you may also find in this [research project] that the people who sign up are interested. You may also want to talk to the hardliners that feel [accommodations are] inappropriate.” Interestingly, when she encountered the situation where she was given no options for assessing a student and herself questioned the recommendations of AS, she said,

Now I was feeling like these other people [professors who question accommodations], who I thought were horrible, who had these feelings of justice that were inappropriately challenged. And that’s what hurt me because I was thinking, ‘Have I turned into one of them?’

Thus, participants’ characterizations of those professors they knew who questioned the recommended accommodations were generally negative: They were characterized as ashamed, closed to accommodations, providing a tough road for students, and as “them”. Marquis et al. (2012) observed that their participants also made reference to colleagues who did not believe accommodations were fair to non-disabled students. While these concerns are legitimate in that all students should be treated fairly, they fail to examine the unfairness of the social dominance of ableism that frame accommodations as an enhancement and advantage.

Silencing. Of the interviewees, P2, who taught in the Sciences, spoke the most about professors who questioned accommodations and revealed that he agreed with some of their concerns. He said,

I think we have lots of peers and colleagues who are not sympathetic, and I almost feel like there’s more stigma among us than there is among the students. I’ve heard a lot of derogatory terms over the use of the AS facility. I can’t see how [an anxiety disorder] would translate into time and a half extra on an exam. Many of my colleagues think that’s ridiculous. I’d say the majority of them think it is not fair to the other students.

When P2 was asked whether these colleagues who disagreed with extended time for exams challenged the accommodation request to AS or the student, he replied,

No, they're like me. So, they're not going to worry about it, because they have 100 students. But in their mind, if you talk to them one on one, they will come right out and tell you, this is ridiculous.

Likewise, P3, who taught in the access teacher education program, privately questioned the suitability of some students becoming certified teachers, but did not feel he could publically express this view.

Let's get real on this, right? The real issue is accountability and trust that these things [anxiety disorders] do exist. You set up a circumstance where you may be able to help. But you realize that maybe this person is on the wrong [career] path. You have to accept the reality of who you are. You can't be everything. I can't be everything. For goodness sake! It's not a world of all possibilities. It's not. Life's not fair. We have certain situations. So there has to be that kind of reality intrusion: They are dreaming.

When asked if he would be willing to tell a student that his disability would prevent him from being a good teacher, P3 responded, "I think we would need to be brave enough to do that, but I don't think the political climate is there for that."

Opening the door. It is interesting that professors who disagree with or question specific accommodations are categorized as difficult. Indeed, we saw this characterization in P1 when she questioned an AS error and was concerned she was perceived as "one of them." We saw this characterization in the concerns of P2 and those he mentioned about his colleagues who remained silent despite concerns about the fairness to other students. We saw it in P3's comments that it would take braveness and a different political climate to allow professors to speak openly. And yet, professors and student service providers have a responsibility to serve their students' best interests. Without the ability to question current practices, we are left stagnant in the potential evolution of meeting students' needs. Silencing in the name of political correctness does not serve our students well.

The need to open these types of crucial conversations is supported by the literature. It shows that issues such as the most appropriate length of examination extensions (Lovett, 2010; Phillips, 2002) and whether these accommodations should be supplemented by coping strategies aimed at student adaptation (Brinckerhoff, Shaw, & McGuire, 1992; Gessel, 2014; Lovett, 2010) are far from resolved. Furthermore, blanket accommodations, which have not been systemically determined to meet an individual student's needs, are inappropriate, and may not meet the specific student's short-term and long-term needs (Brinckerhoff, Shaw, & McGuire, 1992; Lovett, 2010). Thus, in order to create effective, appropriate accommodations, questions are essential and should be welcomed. Indeed, scholars such as Lovett (2010) and Fuchs, Fuchs, Eaton, & Hamlett (2003) have developed algorithms of questions for systematically determining individualized accommodation for students with special learning needs, further supporting the need for critical dialogue around the suitability of specific accommodations for specific students. Moreover, if these sorts of pragmatic discussions are introduced, there may be an opportunity to examine the underlying assumptions of the social dominance of ableism that frame our conflicts about accommodations. Through these discussions, we may be able to respond in fair ways to differences across *individuals* within the human condition rather than framing policies that maintain categories of deficits through an ableist lens. Glenn (2004) showed that while silence can be used by the non-dominant group to submit to subordination, it can also be used by the

dominant group to maintain power. Yoshida and Shanouda (2015) showed that, by breaking the silence, people with disabilities can “shift perspectives” and “contribute to the resistance of hegemonic conceptualizations of disability as defective” (p. 432).

Limitations

There are limitations in all research, and the current study is no exception. First, the sample size is small, and, while generalizability is not a goal of case study designs, it is possible that the views represented here are specific to this setting and institution. Second, the relationship between the roles of those participating would benefit from deeper analysis. Although beyond the scope of the current study in terms of the questions asked and the focus of them, future examination of this theme would benefit our understanding of the processes involved in social hierarchies related to disability in a university setting.

Recommendations and Conclusions

Considered together, the five windows into perceptions of the best ways to address the needs of students with anxiety disorders suggest that there are opportunities for stakeholders to improve communication, collaboration, and specificity of services to students with special learning needs. The strongest support as well as the strongest challenge to this process is the passion and commitment of each of the stakeholders in this process. Professors as well as AS staff members are clear on their commitment to students as well as their concern that students are treated with fairness. However, trying to balance the fairness to students with disabilities alongside fairness to other students is difficult when there are so many perspectives to consider. In addition, legal obligations must be considered such as duty to accommodate, and those must be balanced with the potential for student adaptation and its long-term benefits to students. Furthermore, while some professors are knowledgeable about disabilities, others are not. This raises the question of who has the expertise to determine what is appropriate within a professor’s classroom, especially in the cases where professors neither have nor seek education about teaching students with disabilities and where tight budgets make it difficult for AS to provide professorial workshops about disabilities.

While these competing interests and perspectives are a challenge that can create conflict and also have the potential to impede progress in our understanding and evolution of practices that best meet student needs, they are surmountable. The biggest threats to advancing development of better practices are the silencing of conversations that are deemed to be politically incorrect and the communication gaps that sometimes exist between AS and the academic staff (Storrie, Ahern, & Tuckett, 2010). By creating an environment where either ableist or constructivist views of disability are silenced, we negate the possibility of examining the underlying premises of accommodations specifically and conceptualizations of disability on a broader scale. Given that all the participants had strong yet diverse views on the fairest ways to work with students with anxiety disorders, they unanimously suggested that opening conversations about this issue would be the first step.

Lovett (2010) suggested that passionate arguments without evidence are common when discussing accommodations, and he advocated instead for an evidence-based approach. Rather than demonizing those who question the status quo or those who suggest alternative approaches, we all need to be open to rational, evidence-based, joint discussion aimed at the best ways to

meet student needs. The use of questioning sequences or algorithms in decision-making about accommodations may not only create greater perceptions of fairness and accountability, they would also legitimize the asking and answering of questions related to the appropriateness of decisions about accommodations for specific students rather than for categories of disability. Difficulties emerge when stakeholders fail to comprehend the roles and tasks of others and when we fail to appreciate the varying approaches to the issues (Stanley & Manthorpe, 2001). “We need to investigate these silences” and how they function to maintain marginalization of communities (Yoshida & Shanouda, 2015, p. 443). Collins and Mowbray (2005) suggested that a key theme for student success is the collaboration of those working with students with disabilities. It’s time to unlock that door.

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Appendix

Research Questions: Accessibility Services

1. Please describe the usual processes a student who is experiencing anxiety would go through to access services.
2. In your experience, what factors contribute to students utilizing or not utilizing Accessibility Services?
3. In your experience, what systemic or individual factors are seen by students as most helpful in decreasing anxiety to maximize achievement at university? Do you agree? What specifically can professors offer?
4. In your experience, what systemic or individual factors are seen by students as least helpful in decreasing anxiety to maximize achievement at university? Do you agree? Which barriers are put up by professors?
5. In your experience, how do student perceptions of privacy and confidentiality affect their willingness to discuss their anxiety with you, peers, or with professors?
6. In your experience, how easy or difficult is it for students to access accommodation from their professors and from the University?
7. What do you see as the most substantial strengths of the current system of Accessibility services?
8. What do you see as the most substantial barriers for students with anxiety disorders in the current system of Accessibility services?
9. What processes or structures need to be put into place to improve services to students with anxiety disorders?
10. Is there anything else you would like to tell me about this topic?

Research Questions: Professors

1. Describe your experiences with student anxiety in your current work situation. Have you had students ask for accommodations due to anxiety? Were these requests accompanied by documentation from a physician, psychologist, or from Accessibility Services?
2. In your opinion, what factors contribute to students utilizing or not utilizing Accessibility supports? Have you had interactions with Accessibility Services? If so, please describe them.
3. What systemic or individual factors do you see as being most helpful in decreasing anxiety to maximize your students' achievement at university? Which are under your control?

4. What systemic or individual factors do you see as least helpful in decreasing anxiety to maximize your students' achievement at university? Which are under your control?
5. How do think student perceptions of privacy and confidentiality affect their willingness to discuss their anxiety with peers or with you?
6. What are your feelings about accommodation requests from students with anxiety disorders with or without documentation?
7. How comfortable are you dealing with students with anxiety disorders? What would make you feel more comfortable? Do you feel prepared in this area of teaching? Have you had experiences or training that have prepared you? Would you be interested in learning more? If so, about what and how would you like to find out more?
8. What processes or structures could be put into place to improve services to students with anxiety disorders?
9. Is there anything else you would like to tell me about this topic?